

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6897

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

 1 ACCOUNT #
 (Ethics Commission filers)

2 Total pages filed:

3

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Jaime

A.

NICKNAME

LAST

SUFFIX

Ballesteros

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

POB 710 Pflugerville Tx 78691

☐ Change of Address
5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 913-5236

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Jim

NICKNAME

LAST

SUFFIX

Keasbey

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

521 Broken Feather Pflugerville Tx 78660

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 990-2062

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐
15th day after campaign treasurer
appointment (officeholder only)
☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

02 / 23 / 08

THROUGH

Month

Day

Year

06 / 30 / 08

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 04 / 08

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Constable Pct.2

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS
 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
 Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **Jaime A. Ballesteros**

16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 360.11

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

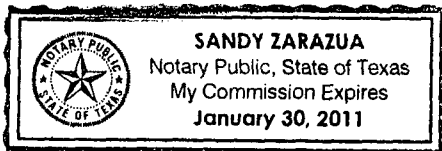
\$ -0-

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jaime A. Ballesteros

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jaime Adan Ballesteros this the 14 day of July 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sandy Zarazua

Printed name of officer administering oath

Notary public

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Jaime A. Ballesteros

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/27/08

5 Payee name

Austin Shirt Works

8

Amount
(\$)

360.11

6 Payee address; City; State; Zip Code

1406 Massengale, Pflugerville, Tx 78660

7 Purpose of expenditure (See instructions regarding type of information required.)

T-Shirts

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED